

FILED APR 15 1940  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

8820  
State File No. 2303

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St Louis  
(b) City or town St Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Homer G Phillips  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 days (Specify whether  
in this community Unknown  
years, months or days)

3. (a) PRINT FULL NAME Major Bell

3. (b) If veteran, name war No. Veteran 3. (c) Social Security No. No. No. number

4. Sex Male 5. Color or race Col. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Helen Bell 6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased Nov. 16, 1905  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
34 3 20 hr. min.

9. Birthplace Columbus Miss.  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

12. Name John Bell  
18. Birthplace Columbus Miss.  
(City, town, or county) (State or foreign country)

14. Maiden name Julia  
15. Birthplace Columbus Miss.  
(City, town, or county) (State or foreign country)

16. (a) Informant Helen Bell  
(b) Address 1305 A. S. Compton Ave.

17. (a) (Burial, cremation, or removal) (b) Date thereof March 10, 1940  
(Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Wright's Funeral Home.

(b) Address 3100 Easton Ave.

19. (a) MAR 8 1940 (b) J. B. [Signature]  
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 18  
(c) City or town St Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1305 a S Compton  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6  
year 1940 hour 1:50 minute P M.

21. I hereby certify that I attended the deceased from February 28, 1940, to March 6, 1940  
that I last saw him alive on March 6, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis Duration 3-4 yrs

Due to

Due to

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury:

23. Signature H. J. Lyman (M. D. or other)

Address 2601 N Whittier Date signed

STATEMENT BY LICENSED EMBALMER.

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

William C. McDowell

Registered Apprentice No.

working under my personal supervision.

Signed

William C. McDowell

Licensed Embalmer No.

2114

P. O. Address

3506 Franklin Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.